**Amendments to the Specification:**

On page 1, please replace the first paragraph with the following:

This application is a continuation of co-pending application Serial No. 08/943,683, which is a continuation-in-part of commonly-assigned, co-pending application Serial No. 08/735,036 filed October 22, 1996.~~: which is a continuation-in-part of application Serial No. 08/425,179, filed April 20, 1995; which is a continuation-in-part of U.S. Patent No. 5,571,215, issued November 5, 1996; which is a continuation-in-part of U.S. Patent No. 5,452,733, issued September 26, 1995.~~ The complete disclosures of these applications and U.S. Patent Nos. 5,797,960, 5,571,215 and 5,452,733 are hereby incorporated by reference.

On page 18, please replace the second complete paragraph with the following:

Referring again to FIGURES 5 and 9, the retractor 68, such as that described in detail in ~~commonly assigned U.S. Patent Application Serial No. 08/610,619 filed March 4, 1996~~U.S. Patent No. 5,810,721, surgical access to the body cavity of patient P through the first intercostal percutaneous penetration 92 in the tissue 93. Briefly, retractor 68 includes an anchoring frame 95 having a passageway 67 therethrough which defines a longitudinal retractor axis. The anchoring frame 95 is positionable through the intercostal percutaneous penetration 92 into the body cavity. A flexible tensioning member 96 is attached to anchoring frame 95 and extendible from the anchoring frame out of the body through intercostal penetration 92 to deform into a non-circular shape when introduced between two ribs. The tensioning member 96 is selectively tensionable to spread the tissue radially outward from the longitudinal axis. Hence, it is the tension imposed on the flexible tensioning member 96 which effects retraction of the tissue, rather than relying on the structural integrity of a tubular structure such as a trocar sheath.

On page 19, please replace the second complete paragraph with the following:

An endoscope may also be employed having an optically transparent bulb such as an inflatable balloon or transparent plastic lens over its distal end which is then introduced into the heart. As disclosed in ~~commonly assigned, co-pending U.S. Patent Application Serial No. 08/425,179, filed April 20, 1995~~U.S. Patent No. 5,797,960, the balloon may be inflated with a transparent inflation fluid such as saline to displace blood away from distal end and may be positioned against a site such a lesion, allowing the location, shape, and size of cryolesion to be visualized.

On page 20, please replace the first paragraph with the following:

Finally, the heart treatment procedure and system of the present invention may be performed while the heart remains beating. Hence, the trauma and risks associated with cardiopulmonary bypass (CPB) and cardioplegic arrest can be avoided. In other instances, however, arresting the heart may be advantageous. Should it be desirable to place the patient on cardiopulmonary bypass, the patient's right lung is collapsed and the patient's heart is arrested. Suitable techniques for arresting cardiac function and establishing CPB without a thoracotomy are described in ~~commonly-assigned, co-pending U.S. Patent Application Serial No. 08/282,192, filed July 28, 1994 and U.S. Patent Application Serial No. 08/372,741, filed January 17, 1995~~U.S. Patent Nos. 5,584,803 and 5,558,644, all of which are incorporated herein by reference. Although it is preferred to use the endovascular systems described above, any system for arresting a patient's heart and placing the patient on CPB may be employed.